

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/505234**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		1		
4	1		1			
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22	1		1			
23		1		1		
24	1		1			
25		1		1		
26	1		1			
27		2		1		
28		1		1		
29		1		1		
30	1		1			
31		2		1		
32		2		1		
33		2		1		
34		1		1		
35	1		1			
36		1		1		
37		1		1		
38				1		
39				1		
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48						
49						
50						
TOTAL IND.		↓	11	↓		↓
TOTAL DEP.	←		12	←		←
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						